Revised Manifest Summary Report

CASA DORINDA CASA DORINDA

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
03/27/1989		88271162		917.4	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .4587

State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Toxic Substances Control Division Sacramento, California and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. UNIFORM HAZARDOUS Manifest 2. Page 1 Information in the shaded areas CAD19181213121217151 WASTE MANIFEST is not required by Federal law. 3. Generator's Name and Mailing Address (ASA A. State Manifest Document Number 882711 300 HOT SPEINGS MENTECITO, CA B. State Generator's ID 1-800-852-7550 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID D. Transporter's Phone 7. Transporter 2 Company Name AD9822194 US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID 10. CALL OMEGA RECOVERY SYSTEMS C | A | D | 0 | 4 | 2 | 2 | 4 | 5 | 4 | 0 | 1 |
H. Facility's Phone WHITTIER CA 90608 13. Total 14. Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste No. Quantity Type Wt/Vo State 461 **∞** IN N WASTE LIQUID FLAMMABLE NA 1263 E ER RESPONSE CENTER 1-800-424-8802; EPA/Other State EPA/Other d. State EPA/Other J. Additional Descriptions for Materials Listed Above **Wastes Listed Above** b. 0 PAINTS + THINNER. C. d. NATIONAL 15. Special Handling Instructions and Additional Information 岩 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. national government regulations. OF AN EMERGENCY OR

Printed/Typed Name	PARKER	Signature	Por	Month Day Year
T 17. Transporter 1 Acknowled		s 0		
A CONTRACTOR OF A PARTY AND A STATE OF	AUTEUE	Signature	l Deut	Month Day Year
O Printed/Typed Name	gement of Receipt of Material	Signature		Month Day Year
19. Discrepancy Indication S	pace			
20. Facility Owner or Operator Printed/Typed Name	or Certification of receipt of ha	szardous materials covered by the	is manifest except as noted in	Item 19. Month Day Year

DHS 8 (Rev. 9-88) Previous editions are obsolete.

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IIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812